PULMONARY
RESIDENT (and student) CURRICULUM

I. Introduction/Goals

1. The resident (and student) will encounter patients with numerous common pulmonary disorders. Experiences will occur in both the inpatient and outpatient setting. Diseases that are seen less frequently in typical practice will be covered in didactic format as outlined by the Federated Council for Internal Medicine (FCIM). The resident (and student) should be able to discuss the differential possibilities and formulate a plan of management.

2. Available are:

   a. An **introductory information sheet** (attached).
   b. The updated **outline** of subjects to be **formally** presented in noon conferences (vs. others **informally** in literature-based didactic, journal club, etc., sessions), and in what **venue** (integrated with Critical Care Medicine curriculum and ICU rounds, Infectious Disease Element lectures, participation in Public Health/INH Clinic, Core and Supplemental **DGMC Pulmonary Service Teaching File** including Videotape and Audiotape files, etc.), and **why they are being presented. The topics are both** (**traditional**, and in **alignment** with the most recent FCIM guidelines for Pulmonary Med.), and based on the **results** of the most recent Internal Medicine In-Training Examinations and areas of especially "poor" performance, below the National Average, by 1 (or 2) or more PGY groups.
   c. The FCIM objectives to be available to each resident (and student, as appropriate).

3. The **educational experience** may include but not be limited to:

   a. Didactic staff **instruction**.
   b. **Interpretation** of radiographs, **pulmonary function tests (PFT's), arterial blood gas tests**.
   c. Clinical inpatient/outpatient **contacts** through the Pulmonary, Sleep, and Public Health Clinics and the Inpatient Consultation Service.
   d. **Familiarity** with indications, techniques, and complications of bronchoscopy, thoracentesis, pleural biopsy, and exercise testing.

II. Plan of Rotation

1. The workday is at the discretion of the Attending (and also usually the Inpatient Consultation). Usually it will be 0800-1630 hrs weekdays. Weekend and holidays are not usually part of the rotation. PFT's will be read daily.

2. Usually a **different recent publication will be selected daily,** as possible, that coincides with a patient issue to be seen that day. Usually that publication and the subject are reviewed the same or next day by the Attending. Several **teaching conferences** are recommended for attendance: internal medicine conferences (i.e., Morning Report, Noon Lecture, and Grand Rounds), and the (every Monday) Chest Video Teleconference (involving radiologist, pulmonologist(s), thoracic surgeon, pathologists, and medical and radiation oncologists). Optionally, there are teaching conferences at the University of California, at Davis, campuses.

3. Presentation (verbal) of a researched topic will be expected (i.e., like a Journal Club) on at least one occasion with the Pulmonary Staff (with the copies of the publication given to each attendee at least two days in advance). The topic should be from a randomized controlled trial (preferably) published in a major journal (e.g., NEJM, JAMA, Annals of IM, BMJ, Lancet, the American journal of Respiratory and Critical Care Medicine (AJRCCM), Chest, Archives of IM, within 12 months.

III. **Resources**

A **DGMC Pulmonary Service Teaching File** (Written, and Video and Audio tapes). A medical library is available for research use as are the materials (when appropriately requested) owned by the staff, including Teaching Files. The Pulmonary Resident should have familiarity (e.g., the strengths) with at least three different textbooks of Pulmonary Medicine, and publications such as the American Journal of Respiratory and Critical Care Medicine (AJRCCM), Chest, and Clinics in Chest Medicine.

IV. **Written Evaluations**

Forms provided by the Medical Services Flight will be completed on each resident. Every effort will be made to discuss their evaluation prior to the end of the rotation from both the Inpatient and Outpatient perspectives.

DEBORAH A. MILKOWSKI, Maj, USAF, MC
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